

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045266

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11366**

STATE FILE NUMBER

FILED NOV 22 1963

VS 300
Rev. 4/59

1

2 **220**

3

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12 **760**

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76

USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. L. Chronic Hospital		d. STREET ADDRESS (If outside, give location) 2532 Howard Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First PATRICK Middle BROADERS Last		4. DATE OF DEATH Month 11 Day 16 Year 63	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-17-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk (retired)		10b. KIND OF BUSINESS OR INDUSTRY baking company	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
13a. FATHER'S NAME Richard B. Broaders		13b. MOTHER'S MAIDEN NAME Margaret Duggan	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no		17. INFORMANT Johanna Clark (sister) Address 6758 Neosho	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL FAILURE		INTERVAL BETWEEN ONSET AND DEATH 7.2 HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) MYOCARDIAL ISCHEMIA		1-2 YEARS	
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE		15 YEARS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF PROSTATE - DECUBITI		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200H	
20c. TIME OF INJURY Hour 4:55 a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year 11-7-63		20f. CITY, TOWN, OR LOCATION St. Louis, Missouri	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from 11-7-63 to 11-16-63 and last saw her alive on 11-15-63 Death occurred at 4:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS 5800 Arsenal Ave	
22a. SIGNATURE John J. Greenway MD (Degree or title)		22c. DATE SIGNED 11-17-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24. FUNERAL DIRECTOR M.J. Croghan, 7146 Manchester Ave.		25. DATE REC'D. BY LOCAL REG. NOV 18 1963	
26. REGISTRAR'S SIGNATURE Roal Smith. M.D.			

St. Louis 17. M.

(Licensed Embalmer's Statement on Reverse Side)

005240-320

RECEIVED

EDUCATION

STATE

0781-51-8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Law M. Seymour

Licensed Embalmer No.

4343

P. O. Address

St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.